


REPORT,

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# REPORT

OF

## PAROCHIAL LYING-IN CASES

(For Eighteen Months)

DURING 1839, AND TO THE END OF JUNE, 1840.

BY

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(From the Medical Gazette.)

580 cases—producing 589 children:—  
305 male, of which 34 were still-born\*.  
284 female . . . 31 . . . ditto.

\*The majority of these were of premature birth.

### Age of the mothers.

Under . . .	20 . . .	24
Between	20 & 25 . . .	158
„	25 & 30 . . .	169
„	30 & 35 . . .	155
„	35 & 40 . . .	50
„	40 & 45 . . .	21
„	45 & 50 . . .	3
		580

Unnatural presentations, complications, or accidents occurring after, or during, parturition.

Of the above 580 cases,

The breech presented in . . . . 12

Feet . . . . .	6
Face . . . . .	2
Arm (these all occurred in twin cases)	3
Hand and foot . . . . .	1
Funis with head . . . . .	5
Funis with feet . . . . .	1
Twins occurred in . . . . .	9
Convulsions . . . . .	2
Retained placenta (2 accompanied by hemorrhage) . . . . .	10
Uterine phlebitis . . . . .	1
Flooding before delivery . . . . .	8
Flooding after delivery . . . . .	6
Lingering labour (those beyond 24 hours) . . . . .	50
Premature births . . . . .	41
Puerperal peritonitis . . . . .	11

The *forceps* were employed in 5 cases;  
*cephalotomy* in 3, and *version* in 2.

MORTALITY in the 580 cases, 5.

One female, who died the day after delivery, I have not included in the above number, as she had been discharged from more than one hospital as incurable, owing to disease of the heart. The excitement of parturition was sufficient, however, to hasten her death. On a post-mortem examination the heart was found to have enlarged to nearly double its size in health, and the lungs were diseased.

By a curious coincidence, another case of somewhat similar character was admitted the day after. I was requested to see her about twelve hours after the termination of her labour, as she was expected to die every moment. I found her apparently moribund, with a quick small pulse, cold clammy skin, her face and lips of a purple colour, and hardly able to articulate. The action of the heart was very irregular, and her respiration laborious. Without much expectation, I must confess, of its doing good, I ordered a small bleeding, to the extent of 8 ounces: it was, however, attended by very beneficial effects, and was again repeated during the night with advantage, as a violent cough had supervened. By the further application of blisters and leeching, and the internal use of mercury, antimony, and opium, she recovered sufficiently to allow of her discharge in three weeks' time.

*Memoranda as to the preceding cases:—*

In one case of arm presentation, both

the hands were found in the vagina.—The mother, in *six* labours, had had *six* unnatural presentations.

In a case where the breech presented, the woman, in *eleven* labours, had had *ten* unnatural presentations.

A woman in three pregnancies had twice borne twins.

A woman had given birth to eleven boys in as many labours, and at length had a girl in her twelfth.

A case occurred of hydatid of the placenta. It was at first mistaken for a second bag of membranes.

The great majority of premature births took place in the seventh month.

One infant, born at the sixth month, lived twenty-six hours.

Another, at the same period, lived twenty-four hours.

In one case the woman, at full period, was delivered suddenly whilst standing in the street. Both child and placenta fell to the ground; the former, though bruised, survived, and no injury occurred to the mother.

The largest child of the above numbers weighed 11 lbs. avoirdupois: it was still-born. The next in weight was under 10 lbs.

In adding the foregoing 580 cases to 600—the reports of which appeared in the MEDICAL GAZETTE of 1837 & 1838—and to 2,070 cases which I published, in 1836, in my MANUAL OF MIDWIFERY, the following will be the average result:—

Total number of cases, 3,250.

The breech & lower extremities presented in 79, or 1 in about 41, or 24·3 per 1000			
Upper extremities . . . . .	18,	. . . . .	180, or 5·5 „
Face . . . . .	15,	. . . . .	217, or 4·6 „
Funis . . . . .	16,	. . . . .	203, or 4·9 „
Convulsions occurred in . . . . .	8,	. . . . .	406, or 2·4 „
Retroversio uteri . . . . .	1,	. . . . .	3250, or .3 „
Rupture of uterus . . . . .	1,	. . . . .	3250, or .3 „
Placenta prævia . . . . .	3,	. . . . .	1083, or 1 „
Accidental flooding before delivery of placenta . . . . .	23,	. . . . .	141, or 7 „
Ditto after . . . . .	27,	. . . . .	120, or 8·3 „
Placenta required manual extraction in . . . . .	32,	. . . . .	101, or 9·8 „
Forceps employed in . . . . .	20,	. . . . .	162, or 6·1 „
Crotchet . . . . .	15,	. . . . .	217, or 4·6 „
Version . . . . .	20,	. . . . .	162, or 6·1 „

#### *Cephalotomy.*

Jan. 22, 1839.—Maria Harris, æt. 27 (first pregnancy), came into the house on the 20th. Labour commenced on the morning of the 21st, and the liq.

amni escaped soon after. At noon the midwife found the head low down, and the os uteri fully dilated. Pains continued through the night, but without forwarding the descent of the child.

No movement of it has been felt by the mother since yesterday. I was sent for on the morning of the 22d, and was informed that the head had made no advance for the last twelve hours. I found that the rami of the pubes were approximated, and that there was likewise slight deformity at the brim. Vertex presenting. I tried to apply the forceps, but could not succeed with the second blade; and, from the fetid discharge, combined with the cessation of movement in the infant since the day before, there was little doubt as to its death, and as the head had already rested with strong pressure on one part of the vagina, I thought it expedient to use the perforator. The head did not collapse well, and there was great difficulty afterwards in effecting the passage of the shoulders, owing to the narrowness of the passage. This was evidenced, likewise, by strong marks of compression, which were observable on the thorax after birth. The patient did well.

*Forceps case.*

March 26.—Lydia Ives, æt. 40. First child. A coloured discharge had escaped for six days. On the third the liq. amnii escaped, but the os uteri was not at all dilated. Irregular pains. On the morning of the 25th, true pains commenced, but they did not become strong till 10 P.M. The presentation was natural, but a slight deformity at the brim of the pelvis was found to exist. On the 26th, at 2 A.M., there was no advance, and as the patient was becoming debilitated, I introduced the forceps, and extracted a female child, which had apparently died some hours previously.

*Twins: Arm-presentation of one: Version.*

August 1st.—Mary Hallen, æt. 27, residing in Griffith's-court. My attendance was requested by one of the parish midwives, to see this patient, at 5 A.M. Labour had commenced at 12 o'clock, and a male child had been born alive at 4, the vertex having presented. At 5 a second bag of membranes had ruptured, a great quantity of liq. amnii escaped, and a hand descended. On examination I found the right hand protruding from the vagina. I passed my hand up into the uterus, towards the abdomen of the mother, ascertaining that the umbilical cord had ceased to pulsate; beyond the head

a knee was reached, into the flexure of which my fore-finger was hooked, and the body was turned; the protruded hand not, however, receding much. The pains now expelled the second leg, and soon afterwards the left arm. As the child's face was turned towards the pubes, I turned the head round, and by placing a finger in its mouth, and pressing it towards the breast, it soon escaped.

*Forceps.*

14th.—Mary Ryan, æt. 30, second child, came into the house in labour at 12 at night. By 7 in the morning the head had descended low, but no progress had been made since that time till 12 (when I was requested to see her), although the pains had been frequent, and of a strong character. Her first child, she says, was extracted dead by instruments. As there was slight deformity of the brim of the pelvis, I at once employed the forceps, and a female child was extracted alive. The head was much elongated.

*Cephalotomy.*

Nov. 3rd.—Catherine Maloney, æt. 21, came into the house on the morning of the 1st, in labour. Slight pains continued during the day. The os uteri was partly dilated, but the infant could not be felt through it, and the membranes were not much distended by the pains. On the 2d, the os uteri was more dilated, but the membranes were now distended by the pains, which had acquired strength, although much advance did not take place in the progress of the labour. The foetal head could now be felt above the brim of the pelvis. At 8 P.M. the membranes ruptured, and the head slowly descended till 6 A.M. on the 3d. From this period, although the pains were regular and severe, no advance was perceptible. I was now sent for, and on my arrival found the os uteri fully dilated, and the head low down. Slight deformity of the brim existed, and combined with it the left ramus of the pubes projected inwards. After passing the catheter I endeavoured to use the forceps, but found their introduction impossible. There was an offensive discharge from the vagina, and the patient had not felt any movement of the child since the morning before. After waiting for four hours, I deemed it prudent not to hazard the risk of

further long-continued pressure on the vagina, and had recourse to the perforator. The head readily collapsed, and the child was extracted by the pincers and crotchet. The patient had no bad symptoms afterwards.

*Funis presentation. Cephalotomy, and perforation of Chest and Abdomen.*

Dec. 28th.—Mary Reeve, æt. 28. Labour commenced on the 26th, at 6 P.M. The membranes, it appears, had ruptured during the night, and a large quantity of liq. amnii escaped, but the midwife who attended could discover no presentation. On the morning of the 27th, the midwife returned, and found the umbilical cord in the vagina, but could not feel the child. Strong pains continued through the day; the head advanced slowly till the evening, but not perceptibly after this.

28th.—I was requested to see the patient at 4 A.M., and found the cord protruding, without any pulsation in it. The head was still above the brim of the pelvis, and owing to deformity in the antero-posterior diameter of the latter had not made any advance for the last six hours. Secale cornutum had been administered, although the bladder had not been evacuated for many hours. The patient informed me that her first child had been extracted alive by the forceps, but was small, and did not long survive. The second child, which was larger, was still-born. After introducing the catheter with much difficulty, I applied the perforator, and by the use of the pincers the head steadily descended; but although strong pains continued, the body did not follow. After waiting for half an hour, I inserted the crotchet into the left side of the thorax, and brought it sufficiently down to enable me to extricate the left arm. The pains being still insufficient for the completion of the birth, I used the same means with the right side. The abdomen, which now proved an obstacle, was found to be distended with air, and I punctured it with the scissors. The infant was then extracted: it was of large size, weighing, I should think, 9 lbs. The placenta came away soon after.—This patient, owing to the long period which had been suffered to elapse during labour without relieving the bladder, was afterwards the sub-

ject of vesico-vaginal fissure from sloughing. By the use of mechanical support, which I have before used in similar cases (and which I shall at another time describe), she now suffers but very slightly from this infirmity.

*Forceps.*

April 26.—Eliz. Bailey, 10, Newton Street. First child. I was called to this case, by a parish midwife, at 1 A.M. The patient had been in labour for twenty-seven hours. The vertex was low down, but in consequence of a very slight deformity of the brim of the pelvis, no advance had taken place for the last six hours. As the patient felt exhausted I applied the forceps, and a female child was extracted (living) with great ease.

*Forceps.*

June 9th.—Elizabeth Waylin, æt. 24, 14, King Street, Drury Lane. Sent for by Mrs. Backler, as the patient had been fifteen hours in labour. The head was low down, but though the pains were very strong and frequent, it had made no advance for some hours. The rami, both of pubes and ischia, were unnaturally approximated. This woman had borne four dead children (girls) previously. By using the forceps, a male child was soon born alive.

*Puerperal Convulsions.*

10th.—Ellen Healy, æt. 19. First child. This patient, residing in King Street, Drury Lane, suffered much from anasarcaous swelling in the lower extremities: the labia being swollen to an immense extent from the same cause, I was requested to visit her. She had been married ten months, and thinks she is near her full time. She is a large stout-built girl, of leucophlegmatic temperament. I recommended that she should be removed into the Infirmary, and prescribed our common diuretic powders, which contain pulv. jalap. comp. with potass. nitr. These acted freely on the bowels, and she passed a large quantity of urine on the following day.

On the 11th she complained to the nurse of intense headache; but this was not made known to us till afterwards. Cold vinegar-and-water cloths merely had been applied to the head.

12th.—At 5 A.M. she was found to be rather delirious; the face was dark, and soon after a strong convulsive pa-

roxysm attacked her. 25 ounces of blood were taken from her arm by Mr. Wells, the resident surgeon, who immediately saw her. At 8 A.M. I saw her. The convulsions returned about every half hour, and were of a severe character. She struggled much even in the intervals, and was quite insensible: the tongue was slightly lacerated. On examination, per vaginam, the os uteri was felt high up, and undilated: the labia much reduced in size. I immediately abstracted 32 ounces of blood again from the arm, had the hair cut off, cold water poured on the head from a height, and cold lotion applied constantly to it afterwards.

12 A.M. No return of the convulsions: patient quiet, but insensible.

6 P.M. One fit this afternoon. Venæsect. ad. ℥xiiij.

The os uteri had begun to dilate at 3 P.M., and on again examining it is found to be almost fully open. The patient is now sensible, but struggles much during the pains, and is very violent, so as to require restraint. Says she has a strong inclination to void urine, but is unable to do so. Catheter introduced, but no urine followed.

The pains continued till 11 P.M., but though the head had rested on the perinæum a long time, no convulsion returned until it escaped through the vulva, when a strong paroxysm occurred. The child was still-born, and of great size, weighing nearly 10 lbs. avoirdupois.

Hirudin. xij. tempor. Vesic. nuchæ.

13th.—Insensible; pulse 100, and full; respiration uneasy; bowels freely relieved. The blister has not risen.

Rep. Vesic nuchæ. Vesic. ij. femoribus.

10 P.M. Skin hot; pulse 90, and not so full; still insensible. Blisters have risen well; pupils strongly acted on by light; cough, and difficult respiration.

Antimon. Potass. Tart. gr. 1-8th, omni bihor.

14th.—10 A.M. Has slept well; respiration free and regular; is more sensible; complains of nausea.

The antimony every four hours only.

On the 15th she had fully recovered her faculties, and went on very well till the 19th, when I found her dressed and anxious to return home, being

quite well. I induced her to remain till the 21st, when she was discharged.

*Twins. Second child born in an unusual position. Retained Placentæ.*

June 15th.—My attendance was requested by a midwife residing in the parish, to see a woman, the mother of three children, who had been delivered of a boy on the 13th at 7 A.M., a few, but intensely strong, pains having sufficed to extrude the child alive. Another child was then discovered through the abdominal parietes, but there was no recurrence of pain, notwithstanding the administration of two or three doses of ergot, which was followed by no other effect than sickness. She remained thus totally without pain till midnight on the 14th, when pains suddenly returned, the right hand of the child coming down into the vagina. The midwife immediately sent off for me, but before my arrival the child was born, in a position which I have not before met with. The pains had been very few in number, but of the same intense nature as those which accompanied the expulsion of the first child. Under the influence of this strong expulsive action, the head was forcibly bent backwards on the spine (the face directed towards the sacrum of the mother), and *followed* the arm and shoulder. Not having met with a similar case, I questioned the midwife closely on the subject, and was by my inquiries satisfied that this was not a case of common spontaneous evolution, as the breech and feet were not expelled till after the other parts. The child, a female, of the average size of a twin, had apparently been dead for two days: its neck was more elongated than I have before observed, and its head very much compressed.

As the placentæ were not detached at the expiration of an hour after the birth of the last child, I became apprehensive that a state of atony of the uterus might supervene, accompanied by hemorrhage, and therefore passed my hand up through the pelvis, which was capacious. I found the uterus encysted at its upper part, and in this cavity were lodged both placentæ. That of the second child came away with facility, but the other was strongly adherent to the fundus uteri, and I had great difficulty in detaching it. The

uterus contracted well afterwards; the patient slept for some hours, and at the end of a week was out of bed, without having suffered from a single bad symptom.

*Induction of premature labour; breech presentation. Forceps.*

The following case has occurred since June (the period to which my general report extends); but as it presents some points of interest, I have here subjoined a statement of it:—Two labours, of the same woman, were formerly detailed in the MEDICAL GAZETTE for January, 1835, as from serious deformity of the pelvis: the perforator had been required in both. Her second labour was a breech presentation, and a strong band (the result of the former labour) stretching across the vagina, required to be divided by the bistoury before the body of the child could descend. The perforator was again required to release the head. In her third pregnancy, premature labour was induced at the seventh month, but the child, which passed with facility, was still-born. She has, since then, had four miscarriages at the fourth month.

Aug. 15th.—Catherine Davis, æt. 37. Eighth pregnancy. Catamenia last seen on Dec. 18: quickened April 5th. On Saturday, August 15, at 12 A.M., I pursued the usual means for inducing premature labour, as this period was, as nearly as I could calculate, about the eighth month of pregnancy. The os uteri was found to be so much dilated, that two fingers could be easily passed into it, and the bag of membranes was distinctly felt. No pains occurred on the Sunday, but they commenced, feebly, on Monday at 10 A.M. They increased in force and frequency during the afternoon, and at 5 P.M. became strong. I was sent for at 8 P.M. by the midwife in attendance, as it had proved to be a breech presentation, and the body was born, but the head could not be extracted. On my arrival I found that pulsation had ceased in the umbilical cord, and, on endeavouring to release the head by pressing the chin towards the chest, and applying two fingers of the right hand on the occiput, I was unable to move it. As the infant could not be beyond the eighth month, I applied the forceps, more as a guide to their use at a future time, if again necessary, than with any

hope of saving the child at present. The midwife holding the body of the infant, and drawing it gently towards the abdomen of the mother, the blades were applied without any difficulty, and the head removed.

Had the case, fortunately, been a vertex presentation, instead of the breech, the child, I think, might have been saved by the use of the forceps.

*Puerperal Peritonitis.*

It is a curious fact, that, with the exception of one or two isolated mild cases, puerperal fever has never made its appearance in the lying-in wards of our Infirmary, until the last winter. The first two or three cases were of a dubious character; the true nature of the disease was, perhaps, rather overlooked; and it was only after its breaking out in its intense form, that, to get rid of its fatal influence, we found ourselves obliged to employ all those precautions, which, in some larger establishments have so frequently been required. There was no prevalence of erysipelas or typhoid disease in the Infirmary, at the time, to account for its appearance (a fact which has been dwelt on as a coincidence in some hospitals). Indeed, we had a smaller number of typhus cases at the time than we had had for 18 months previously.

The following cases are to be classed, I think, in the FIRST form of the four adopted in Dr. Ferguson's excellent work on "Puerperal Fever." One or two reminded me, at the commencement, of the false peritonitis which he so well describes, and which I had opportunities of witnessing during my residence at the General Lying-in Hospital in the winter of 1824-25. In those the exhibition of Dover's powder, combined with the repeated application of hot linseed poultices to the abdomen, were sufficient to arrest the symptoms. Here, on the contrary, opiates seemed to afford but temporary relief in most of the cases.

CASE I.—Susan Radcliff, æt. 21, was delivered of her first child, on Sept. 30, in St. Giles's, having been attended by an old woman who occasionally officiated as a midwife, and who, according to the patient's account, handled her very roughly.

She was admitted into the house on the 6th of October; her infant was very sickly, refused the breast, and

died a few days afterwards greatly emaciated, its umbilicus having sloughed. The mother's milk decreased in the meantime, and she complained of uneasiness about the abdomen, attended occasionally with slight pain. The lochial discharge had ceased.

On the evening of the 15th Mr. Wells was called to her, as she complained of violent pain in the abdomen, increased by the slightest pressure, and accompanied by constant retching. Tongue slightly furred in the middle; pulse quick and small; face pallid; eyes sunken; extremities cold; the bowels had been relieved in the course of the day.

Hirud. xij. abdom.; hot fomentations.  
Morph. Acet. gr. ss. Mist. Febrif.

16th.—Rather better; violence of pain has abated; pulse more natural (but still quick); extremities warm, bowels open; tongue furred, sickness continues. Abdomen tender, and rather tumefied.

Pulv. Hydr. c. Cret. gr. v. Pulv. Rhei, gr. v. M. ft. pulv. nocte maneque sum. Mist. Febr. Efferv. containing Ant. Tart.

17th.—Bowels much relaxed during the night; tenderness of abdomen increased; tongue furred; pulse more full; thirst and nausea continued.

Hirud. viij. abdom. fotus. catapl. lini  
Pil. Cal. c. Opio. ter die; Ac. Morph. gr. ss. statim.

18th.—Abdomen less painful, but more tumefied; feet cold. Symptoms otherwise the same.

Calomel. gr. ij., c. Opio, gr. ss. Mist. Febr. Ung. Hydr. fort. femoribus fric.

19th & 20th.—Symptoms much the same.—Pergat.

21st.—Bowels open freely; tongue dry, furred in the middle, but red at the edges; pulse keeps up well, but the patient complains of great weakness; sickness the same.

R. Acid. Nitr. ʒj. Aq. Font. Oj. Tr. Hyosc. ʒj. M. Cochl. Magn. iij. omni trihor.

22d.—A coloured discharge appeared yesterday; abdomen less tense, but pain still on left side; tongue not quite so dry; bowels open.

Hirud. vj. part. dol. Repr. alia.

23d.—Discharge stopped, pain re-

lieved, by the leeches; tongue moist, pain less; skin cool and soft.

24th.—Pain again severe.

Hirud. vj. hypogast.

Slight discharge returned on 25th.

26th.—Tongue quite clean and moist; bowels relaxed.

R. Tinct. Hyosc. ʒij.; Spt. Æth. Nit. ʒij.; Magn. Carb. ʒj.; Aq. F. ʒviiss.; Cochl. Magn. ij. ter die.

27th.—Perspired somewhat during the night, for the first time; tenderness at hypogastrium returned.

Hirud. vj. Rep. Mist.; Rice diet. Morph. Acet. gr. ¼; Ung. Hyd. fort. abdom.

Nov. 4.—Has continued to improve, though slowly. The last two days troubled by diarrhœa, and passed some clots of blood: this was followed by small portions of putrid placenta. After this time she gradually recovered.

CASE II. Oct. 21.—Caroline Collyer, æt. 18 (first child; duration of labour, twelve hours), complained, on the third day after parturition, of great tenderness in abdomen, which was preceded by shivering, and accompanied by febrile symptoms. She was bled to ʒxij., had eight leeches on the abdomen, followed by cataplasms.

Opii. gr. ss. Cal. gr. ij., every six hours.

She took afterwards a mixture containing Tr. Hyos. and Nitric Acid, and in the course of a few days was convalescent.

CASE III. Nov. 1st.—Bridget Sheen, æt. 21: similar symptoms as the foregoing case, but not so violent. First child: labour 18 hours.

Hirud. viij. abdom.; Pil. Cal. c. Opio. Catapl.; M. Febrif. Ung. femor; M. Camphoræ c. Tinct. Hyosc.

Did well.

### *Puerperal Convulsions, followed by fatal Peritonitis.*

CASE IV. Nov. 23d.—Catherine M'Carty, æt. 28, a plethoric, stout, thick-set woman, of intemperate habits, came into the Infirmary, in labour with her first child, on the 22d. The membranes had ruptured very early. The os uteri was situated obliquely, and not much dilated, the pains being slight and irregular through the day. As the bowels were constipated, a dose of ol. ricini was given, which operated well. During the morning of the 23d the os uteri, according to the midwife's

account, was two inches in diameter, and very rigid; and at 8 A.M. a strong convulsion took place. 16 ounces of blood were taken from the arm, and she continued sensible during the absence of pain; but on the return of a very strong one, the convulsions were again brought on. She had about six attacks. I saw her at 11 A.M. during one of them, and took 16 ounces of blood from the arm again. She recovered after this depletion, and had no return of the convulsive paroxysms, although the pains became of a much stronger character. The os uteri seemed to dilate much more readily after the second bleeding, and the head descended gradually. The infant was born *alive* at half-past 5 P.M. The placenta came away soon afterwards.

She passed urine two hours after delivery, and the bowels were relieved.

24th.—Slept well during the night; the child being kept away from her. Complains of head-ache; the nurse imprudently gave her porter, on her asking for it.

Cold lotion to the temples. Mist. Aper.

25th.—Complained in the morning of severe pain in the abdomen, but not preceded by any shivering. 16 ounces of blood were taken from the arm, 12 leeches applied to the abdomen, hot fomentations, and poultices. Great sickness continued through the day. Collapse came on, and she died in the night.

*Post mortem examination 27 hours after death.*—Abdomen very tumid, and decomposition commencing. On making an incision into the abdomen, a great quantity of turbid fluid, of a brown pinkish colour escaped, with flakes of lymph, and pus-like matter floating in it. The great omentum presented a strong scarlet hue, owing to the highly-injected vessels in it. The small intestines were of a pink colour in most parts, with bright scarlet spots and striæ; in other places they were of a dark red colour. This appearance was chiefly on the sides of the intestines, but not on the anterior part. The large intestines were not much affected. Liver much diseased, presenting the nutmeg appearance so frequently observed in those of intemperate habits. Spleen much enlarged and softened. The uterus was much more healthy in its appearance than we expected, shewing very slight signs

of previous inflammation: this, however, is not unusual after puerperal peritonitis. The signs of previous inflammatory action seemed to be confined to the peritoneum.

CASE V. Nov. 22d. — Jane North, æt. 27, first child, of delicate constitution, was delivered, after a favourable time, of a male child, which died on the 24th. In the night of the 25th the patient complained of severe headache, for which the nurse had merely applied cold lotion.

On the 26th there was pain in the abdomen, but no shivering; the lochial discharge was stopped, as well as the secretion of milk; bowels confined. She was ordered fomentations and poultices to the abdomen, and a mild aperient draught.

27th.—I saw her for the first time. She was sitting up in bed combing her hair, and in moving apparently suffered no pain. Her manner was irritable, and the expression of countenance rather unusual and wild. She answered questions clearly, and made no complaints. There seemed to be present a predisposition to puerperal mania rather than to peritonitis. On pressing the abdomen firmly she did not complain of much pain, but I found that in the morning slight pressure alone had been sufficient to cause it.

Hirud. xij. fatus. catapl.

28th.—Pain more severe, but the patient has been sitting up several times.

Rep. Hirud.; Cal. gr. ij., Opii, gr.  $\frac{1}{4}$ , omni 6 hor.

28th.—Restless. On pressing the abdomen, not much indication of pain. This seems to vary, however.—Continue the pills, &c.

30th.—Found the patient sitting up: she had a wild expression of countenance, but spoke collectedly. Complains of sickness.

Mist. Effervesc.; Morph. Ac. gr.  $\frac{1}{4}$ . Continue the pills.

Dec. 1st.—For the first time she cannot lie on the right side. The pain is now great on pressure; complains of intense thirst; no headache; wandering in ideas; pulse 160, weak and fluttering; bowels open; urine free. Collapse approaching.

Died on the 2d.

*Autopsy 48 hours after death.*—Omentum presented a dark purple co-

lour, its vessels being very turgid. A considerable quantity of straw-coloured fluid escaped from the abdomen, containing large flakes of lymph. The cavity of the pelvis was filled by a copious deposition of it, mixed with a yellow purulent matter. Intestines of a pinkish hue, with marks of inflammatory action on many points: they were not of that vivid colour which was so apparent in M'Carthy's case, but more diffused. Large quantities of pus-like matter and lymph were deposited on every part of them. —Uterus. Peritoneal coat inflamed; vivid red lines and patches on different parts, and this appearance extended to the ovaries and fallopian tubes. The peritoneum generally was inflamed.

After the foregoing cases, the lying-in ward in which they had occurred was cleaned, white-washed, and ventilated. The following case was attended in a distant part of the house, but by an individual who had examined one of the previous cases.

CASE VI.—Betsy Donovan, æt. 25. Third child, delivered on Dec. 3, duration of labour 30 hours; the after-pains strong.

6th.—Seized with violent pain in the middle of the day; abdomen very tense; pulse quick, hard, and small; tongue clean; complains of much pain in the temples, and in abdomen on pressure; no shivering; milk and lochial discharge continuing.

Hirud. xiv. abdom.; Catapl. Lini; M.

Febrif. : Cal. gr. ij., Opii, gr.  $\frac{1}{2}$ .

These remedies relieved her for a time, but at 8 P.M. the pulse had risen, and the pain was more diffused and severe.

Venæsect. ad  $\bar{x}xvj$ .

Great relief followed the bleeding, and she slept tolerably well.

7th.—Pain not so severe as yesterday, but if she moves it is much increased. Lies on her back most easily; no headache, but is very thirsty: abdomen is much distended, pain principally about the umbilicus; urine passes freely; bowels open; cold feet; tongue clean; pulse 100, but not full.

Hirud. xxiv. abdom.; Cataplasm; Rep.

Pil. Cal. et Opii; hot bottle to feet. Mor. gr.  $\frac{1}{4}$  nocte.

8th.—Much relieved. Slept a great deal during the night; no headache; can lie on either side. Pulse soft and natural; tongue clean.

The patient gradually improved after this.

*Peritonitis, followed by Puerperal Mania.*

CASE VII.—The following case was the only one which occurred amongst the out-patients, and affords strong evidence of contagion through the medium of a third party. It happened that, on an emergency, the same individual who had attended Donovan, and conveyed, most likely, the contagion to her (as she was at a distant part of the house), likewise officiated in this case, and the same result followed.

Dec. 9th, 1839.—Mrs. Eld, æt. 35, was delivered at 12 P.M. of her ninth child, after a labour of eight hours. In the evening she was attacked with flooding, which, after the loss of a considerable quantity of blood, was arrested.

On the 10th a dose of castor oil was administered.

12th.—When visited was going on very well, but at 9 P.M. had a severe rigor, followed by intense heat.

13th.—Complains of pains in the head and abdomen; the latter is tender on pressure at every part; countenance anxious, and rather pallid; skin hot and dry; pulse 144, hard, strong, and incompressible; bowels not relieved; tongue covered with a thick white fur; complains of great thirst.

V. S. ad  $\bar{3}xxiv$ . Cal. gr. ij.; Opii, gr.  $\frac{1}{4}$ , omni 4 hor. Mist. Febrifug. Fetus et Catapl.

The blood was not buffed, but slightly cupped. She was relieved, and the improvement continued till the 15th, when, on the return of pain, she was again bled to  $\bar{3}xx$ ., and mercurial ointment was applied to the abdomen.

17th.—Salivation; pulse moderate; dejections natural, and pain in abdomen felt only on pressure.—Omit the pills.

18th.—Slight fur on the middle of the tongue only; pain in the left iliac region; irritability of bladder.

Mist. Diaphor. c. Sod. Sesquicarb.

Again improved slowly till the 23d, when she had a relapse, with increase of fever.

V. S. ad  $\bar{3}xvj$ .; Ol. Ricini; rep. M. c. Sod.

26th.—Much better, but ptyalism has continued since the 17th.

27th.—Doing well; ptyalism has

ceased; no pain in abdomen; appetite is good. Better in every respect.

28th.—At 6 A.M. attacked suddenly with mania: violent and noisy; does not recognize her friends, but only her medical attendant.

Morph. Acet. gr.  $\frac{1}{2}$ .

The head was shaved, cold applications kept to it, and a blister applied to the nape of the neck.

Jan. 1st, 1840.—Ulceration of gums and tongue; monomania now only; on all points but one, rational. Tonics and sedatives were administered, but the general health began to give way; and although wine, stout, jellies, &c. were given, a slough formed on the sacrum on the 13th, which separated on the 18th. She gradually sank, and died on the 23d.

This case was under the immediate charge of Mr. Wells, and I attended occasionally only with him. He informs me that the patient had to contend throughout her illness with the depressing effects produced by anticipation of a fatal termination to the labour. This originated from the fact of her mother having died at the same age, and after having borne the same number of children.

After the lying-in ward had been thoroughly cleaned out, the beds changed, &c., the patient, Donovan, by some mismanagement, was removed into it during her convalescence, and after new patients had been admitted and confined. Most probably this circumstance gave rise to the following cases:—

CASE VIII.—Emma Keene, æt. 22, delivered of her second child on Dec. 11th, after a lingering labour of fifty-three hours, owing to slight deformity at the brim of pelvis. She had, as I found afterwards, from the midwife, complained of pain in the abdomen on the 13th, but this was relieved by a dose of castor oil.

On the evening of the 14th she was violently sick, but did not complain of pain in the abdomen or head, according to the midwife's account. No shivering.

15th.—Vomiting throughout the day of a green bilious matter. Mr. Burgess, the apothecary to the Infirmary, saw her, and ordered an emetic, followed by calomel and opium.

16th.—I was sent for to see the patient to-day for the first time. The sickness was not so constant, but the

same green fluid was discharged from the stomach in large quantities. Lochial discharge nearly disappeared. No secretion of milk. Abdomen swollen, but not much pain on pressure, except in the regions of the uterus and liver; the latter was only felt when the pressure was strong. Tongue brown and dry; pulse 120; skin hot; no headache, but her manner was rather flighty; spirits depressed; bowels relieved twice to-day; the evacuations of a green watery character.

Venæsect. ad  $\text{̄}xvj$ . Enema. Vesic. reg. hepat. Cal. gr. ij.; Opii. gr. j. omni 4 hor.; Cataplasma.

17th.—Blood highly buffed; sickness relieved somewhat; tongue looks moist; quick pulse; hot skin; pain in abdomen still on pressure; cerebral functions disturbed.

Lochial discharge reappeared slightly last night; urine has passed involuntarily; countenance anxious, and sunk; great thirst.

Hirud. xxiv. abdom. Blister to be dressed with Ung. Hydr. Continue the Calomel and Opium.

18th.—Symptoms much the same.

19th.—Collapse; respiration laboured; wheezing and cough; pulse small and weak. She does not complain of pain. Died at 2 P.M.

*Post Mortem.*—21st. Abdominal parietes covered by much adipose matter. Milk oozing from the breasts.

Omentum very much inflamed, and strongly adherent to intestines.

Intestines.—Adhering at numerous points to each other, and covered by a large quantity of flaky lymph and purulent matter; highly inflamed, as well as the peritoneum generally; the vessels injected, and of a scarlet hue, the peritoneal covering of the uterus, as well as of its appendages, bearing more apparent marks of inflammation than in other cases. Very small quantity of serum, however, in the abdominal cavity, in comparison with them. Dark matter oozing from uterus into vagina.

CASE IX.—Catherine Donovan, æt. 23, first child, after a labour of thirty-six hours, confined on Dec. 11th, at 8 P.M. On the 18th complained of severe headache and pain in the abdomen, but the latter not increased much on pressure; no shivering; pulse full, and 140. Lochial discharge and the milk likewise free; bowels have been relieved.

Venæsect. ad  $\text{̄}xiv$ .; Cataplasma Pil. Cal. c. Opii.

19th.—Blood not cupped or buffed, but serum very opaque; pain relieved.

By the continued use of cataplasms for a day or two, and the exhibition of mild aperients, this patient had no return of her symptoms.

CASE X. — Julia Collins, æt. 20, second child, confined on Dec. 17th, after twenty-four hours' labour. On the night of the 18th had a severe rigor, which lasted for four or five minutes; pulse 130; hot skin, tongue white, and covered with thick fur; no headache; bowels have been relieved. Lies on her back. Pain in abdomen.

Venæs. ad  $\text{℥xx}$ .; Cal. gr.  $\text{vj}$ .; Opii, gr. iss. statim. Catapl.

19th.—Can now lie on her right side; no pain on pressing the abdomen; slept during the night; no sickness. Blood which was taken is not cupped or buffed; skin still hot; pulse 130.

Hirud. xxiv. abdom. Cal. gr.  $\text{ij}$ .; Opii, gr. ss. omni 4 hor.

At 9 P.M. feels easy, but complains of a violent craving for food; tongue cleaner; pulse softer and more slow; skin cool; no pain on pressing the abdomen.

20th.—At 7 A.M., complained of pain again in the hypogastric region; pulse 140 and vibrating; tongue dry; eyes rather sunk. Says that the pain is very severe occasionally.

V. S. ad  $\text{℥xxiv}$ .; Ung. Hydrarg. femoribus fric. Hirud. xxiv. hypogast. Rep. Pil. Cal. c. Opio.; Morph. Acet. gr.  $\frac{1}{2}$  statim. Vesic. abdom. post hirud.

2 P.M.—The blood was highly buffed, and very firm, with the cup-like form; no relief from pain; skin moist, but pulse 136; tongue white and furred; can lie on the left side, but not on the right; cough and difficult respiration.

V. S. ad  $\text{℥xvj}$ . Blood slightly buffed.

21st.—Report last night favourable: pulse soft and 100; felt comfortable; slight pain only on pressure; could lie on the right side; tongue more moist; bowels acted several times.

Mr. Wells gave her half a grain of Morph. Ac.

Slept well during the night. Milk has reappeared. Does not feel so well this morning; pain increased; pulse 144; thirst.

V. S. ad  $\text{℥xvj}$ .

1 P.M. Only  $\text{℥iv}$ . of blood could be obtained. Pain increased; skin hot;

no headache; complains of sudden shooting sensations in abdomen like cramps; great appetite. Urine free; bowels not relaxed; not so much lochial discharge; pulse not hard, but 164; not so thirsty; gums not affected by the mercury.

The small quantity of blood taken this morning very much buffed.

Cal. gr.  $\text{ij}$ .; Antim. potass. tart. gr. 1-16th; Opii gr. ss. omni bihor.

6 P.M. Sickness at first after the pills, but it has ceased; pulse hard, full, and 140.

V. S. ad  $\text{℥xii}$ .

11 P.M. Felt easier; could lie on left side. Blood last taken highly cupped and buffed; pulse maintaining its frequency; slept for some time.

22nd.—Collapse came on during the night, and she died at 8 A.M. She was quite sensible, and to the last complained of the craving appetite, principally for bread.

*Post-Mortem*.—23d. Not much serum effused into the cavity of the abdomen; no large flakes of lymph, as in the other cases.

Peritoneum.—Generally only slightly inflamed.

Intestines.—Inflamed in patches: not so generally as in the other cases. The ascending colon adherent by bands to the uterus.

Uterus remaining much enlarged. The peritoneal coat of both ovaries and fallopian tubes, together with the broad ligaments, highly inflamed. The uterus itself, at the junction of the tubes, intensely so. Patches of a dark and livid colour over its anterior surface. Dark matter oozing into the vagina, as in Keene's case.

The midwife who had attended the cases had leave to go out of town for a fortnight. The lying-in ward in which they occurred was again shut up for a month. During this time it was well cleaned, painted, whitewashed, and ventilated. The beds and bedsteads were changed, and the chloride of lime was freely used. Patients were again admitted into it on January 27th, 1840.

CASE XI. — Killick, æt. 25 — first child—confined on the 27th of January, after a labour of 16 hours, at 5 A.M.

On the 29th she complained of pain in the right hypochondriac region: this was accompanied by slight headache; the pulse was quick and rather

hard through the day. Mr. Wells ordered leeches to the abdomen, and the application of a large linseed-meal poultice.

Mist. Febrif. Efferves. and Calomel combined with Colocynth.

I first saw her on the 30th, at 11 A.M.

Pulse full, but not hard; tongue furred and dry; headache. She can bear pressure on the right side, which she was unable to do, I understand, yesterday. There is acute pain now at the epigastric and uterine regions. No shivering, sickness, or thirst. Urine scanty, and likewise the lacteal secretion. She can lie only on her back; not on either side. Lochial discharge irregular; bowels opened freely.

The patient was now removed to another ward.

Twenty-four leeches applied to uterine region. Catapl. Pil. Hydr. gr. v. Opii, gr.  $\frac{1}{4}$ . M. 4ta. hor. omni.

11 P.M. Much easier; pain less; pulse soft; skin cool.

31st.—Pulse more frequent, but not hard; skin warm, and not harsh; tongue very red, but clean at the edges; pain much less in the hypochondriac region, but still remains somewhat in the uterine. Bowels relieved; motions liquid and dark. Lochial discharge scanty; more thirsty than yesterday.

Hirud. 24. Cont. remed. alt. Inject. tepid. vagin.

In the afternoon the pain had become more severe; pulse full and 100; tongue dry and brown; headache.

Lotio. Refrig. capiti. Mist. Febrif.

8 P.M. Pulse 100, but less full; head easier; bowels relaxed; pain in abdomen less.

Feb. 1st.—Has slept only for a short time during night; pain slight, but the abdomen much distended; head free from pain; tongue very dry; its edges bright red.

2nd.—Abdomen less tense and painful; bowels relaxed; pulse 96 and soft; tongue more moist and clean. Starts in her sleep.

3d.—Abdomen flaccid, and without pain; slept tolerably well during the night; bowels less relaxed; gums tender. Discontinue the pills.

4.—Slept well; no pain; tongue clean; pulse soft and natural. After this she went on favourably.

Owing to the symptoms presented by the foregoing case, the lying-in ward was again unoccupied for five months, and every precaution used to purify it. At the end of this period it was reopened, and I am happy to say that we have had no return of this formidable disease.

10, Bloomsbury Square,  
August 26th, 1840.



